1. PLACE OF DEATH:

How long in above place of death?.

How long in hospital or institution?. 3. (a) FULL NAME

4. Sex

7. Birth date of deceased (mo., day, yr.)

9. Birthpiace .....

fO. Usual occupation tf. Industry or busines f2. Name

13. Birthplace

14. Maiden na 15. Birthplace 14. Maiden name

Location

f8. Funeral director Address

(Date rec'd by registrar)

8. AGE:

Hospital, Institution, or street address where death occurred:

Months

If less than one day

MARGIN	UNFADING
	WITH
•	PLAINLY, is especially
9-45-15M	WRITE
VS Alb	PLEASE WRITE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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## CERTI

FICAT	TE OF DEATH Reg, Dist, No	1/6
town)	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  City or town  (If outside city or town limits, write RURAL and give real street No.  (If rural, give LOCATION)  2. (a) If yeteran, name war.	dest town)
los	3. (b) Social Security	Number
ced	A COURT OF THE COU	
1	MEDICAL CERTIFICATION  2D. DATE OF DEATH  2D. DATE OF DEATH  19  19	9.45 A
ce	21.1 CPRTIFY that death occurred on the date above stated; that I attended dece	ised from
> years	and that I last saw h 4.77 alive on \$1.1 5 4.9	<b>4</b> 10
		DUDATION
	MyocaRDIAL FAILURE	2 MOS.
min.	AND HYPERTROPHY.	
stor	Due to CORO PARY ARTERY  DISEASE.	ZHOS.
*	Other conditions GIRRHOSIS LIVER.	?
w \	CHRONIC DEPHRITIS  (Include pregrainey within 3 months of death)	
	Major findings of operations	
W	Date of op	
	Antepsy results	statistically.
28	22 VIOLENCE: If death was due to external causes, fill in the following;	
(year)	Accident, suicide, or homicide	
ork	Where did Injury occur?(City or town) (County)	(State)
2 /	Injured at home, farm, Industry, public place (where?)	
is	Meens of Injury Injured at work?	
	011 76 Court	5
20 70	23 SIGNATURE M. D.	
Registrar	Address DIE Md Date signed	16/48
	de la signica.	



AUG 19 1948

BUREAU V. S.

## 08327

## 2411 N. Charles St., Baltimore

CERTIFICAL	Reg. Diat. No
1. PLACE OF DEATH:  County  City or town  (If outside city or town limits, write RURY) and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occored:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State.  County  City or town  (1f outside city or town limits, write RURAL adderse mearest town)  Street No.  (If rural, give LOCAFION)  2.(a) If veteran, name war
3. (a) FULL NAME John T. anders	3. (b) Social Security Number
4. Sex (5/ Color or race 6.(a) Single, married, widowed, or divorced  Male which on arried	MEDICAL CERTIFICATION  20. DATE OF DEATH.  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) Name of husband or wife	2-10  19. 48  and that I last saw h. 127. alive on 9.6  Immediate cause of death DURATION  Myocardiate cause of death DURATION
9. Birthplace Wiscounty, and state Tower  10. Usual occupation Engineer Steam Former	Due to STARVATION -
11. Industry or business  12. Name James J. auduson  13. Birthplace , Wiconius Co.	Due to ISYCHOSES POST OPERATIONS  Bither conditions CHRONIC BRONCHITT.   (Include pregnancy within 3 months of death)
14. Maiden name Katherine Levis  15. Birthplace Wisoures Co-  16. Informant Mrs Fla anderson	Major findings of operations ANAPIASTIC CARCINGHA  STOMACH-FERFORATION  Bate of op. May 8,194  Autopsy results.
Address 405 Stury St, Careling Ma 17. (Burial, cremation, or remayal, Which?)  Date thereot. (month) (day) (rem)	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location Leave director A Leave the A Stronger	Whers did Injury occur?
Address aculrides, md  19. God Per 19 y S Jole Mare J. m. of Registrar  Registrar	23, SIGNATURE AUDO 1 AS D. or genet 7/48  Address aubridge Ma Date signed 7/48

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AUG 10 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH:  County  City or town.  (If outside city or town limits, write AURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death scorred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (Sop newborn infant; give residence of mother)  State  County  City or town.  (If outside eity or Own limits, write RUMAL and give nearest town)  Street No.  (If rurat, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME Ray a. ayres	3. (b) Social Security Number
1. Sex 5. Color offace 6.(a) Single, married widowed, or divorced market married widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH CALLY 19 48 8:00
6.(b) Name of husband or wife  Security 27 1880  8. AGE: Years Months Days If less than one day  O 22 hrs. min.  9. Birthplace (Towns county, and state)	21. I CERTIFY that death occurred on the late above stated; that Lattended deceased from  19.47 to current of 19.48.  and that I last saw h. 1. alive on
11. Industry or business  12. Name	Other conditions to Status Reputsiaplus  (Include pregnancy within 3 months of death)  Major findings of open Date of op.
18. Informant The Sendul August Address 206 Rose St. Caully 17.  (Burial, eremation, or remove Which?)  Cemetery or cranatery  Cemetery or cranatery	Autupsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Where did injury occur?  (City or town) (County) (State)
Location  18. Funeral director  Address  19. A. 23. 19 ye yellon Mace y. m. S. (Date ree'dAly registrar)  Registrar  Registrar	Injured at home, farm, Industry, public place (where?)  Means of Injury  23. SIGNATURE  M. D. Johnstoner  Address Address Bate signed  Date signed

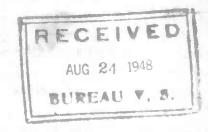
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ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

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## CERTIFICATE OF DEATH

Reg. Dist. No. 116

City or town	nester oridge outside city or town like the of death? 2 mo or street address where dige aryls or institution? 2 co	nits, write RURAL and give nearest town)  onths  leath occurred:  and Hospital	2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of state Maryland Concepts of the Cambridge City or town (If outside eity or town limit street No. 105 Franklin (If rural, give 2.(a) If veteran, name war.	mother)  Dorche ster  s, write RURAL and give nearest town)  1 Ste
	er Z. Bark	aressos		J. (0) Doctar Decarty Masser
4. Ser Male	5. Color or race White	6.(a)Single, married, widowed, or divorced  Married	MEDICAL C	ERTIFICATION  O  19 48 11 445
6.(b) Name of husband 7. Birth date of deceased (mo., day,	7/1/189	Cannon Barbaressos  6.(c) If allive, give age 44 years	21. I CERJIFY that death occurred on the date about 19.  and that I last law h	ove stated; that I attended deceased from  St. to 19 7 19 7 19 7 19 7 19 7 19 7 19 7 19
a. Birtibiace	aon, Greece Restaura	eounty and state)	Due to Lever de	Jackuse 4 hro morrhage 2 da Jocelusum 2 den
13 Righnlage	Greece	Barbaressos	Other conditions	
14. Malden name	Not kno	own	(Include pregnancy within 3	
16, informant	rs. May Ca	Annon Barbaressos Maryland.	Autopsy results PHYSICIAN: Please underline the cause to w	hich death should be charged statistically.
17. Buris (Burial, erematic	on, or re-spail, Which?	Date thereof	22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide	(County) (State)
18. Funeral director. Address	Le Compt Cambride	ge, Maryland	23. SIGNATURE Carabase	Injured at work?  M. D. or other  M. D. ar other

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

(Date rec'd by registrar)

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## MARYLAND STATE DEPARTMENT OF HEALTH

Cha	rles	St.,	Balt	imore			0	5	7
-	CEL	7 /	-	22	4	CENT Y	7	5	-

1 PLACE OF DE	ATH.		2. USUAL RESIDENCE	E (HOME) 0	F DECEASED:	
1. PLACE OF DEATH: County Dorchester			(For newborn infant	ts give residence of	mother)	
Cembridge			State Marylan	id cou	Dorcheste	r
(1f o	utside city or town lim	its, write RURAL and give nearest town)	Cam Cam	bridge	s, write RURAL and give ne	
low long in above place	of death? Lire	)	(If outside	e eity or town limit	s, write RURAL and give ne	arest town)
Hoepital, inelliation, or	streel addrees where de	ath occurred: and Hospital	Street No. 204	*******************************	d Street	
Cambri	T T	low		(If rurai, give		
		ау	2.(a) tt veteran, name war			
3. (a) FULL NAMI		seph Wilbur Burto	n, Jr.		3. (b) Social Security	Number -
4. Sox	5. Color or race	6.(a)Singio, married, widowed, or divorced	II I	MEDICAL C	ERTIFICATION	
Male	White	Single	Carrows Police	A11911	st 8, , 48	10:P
						-
B.(b) Name of husband	or wife				ove stated; that I attended dec	
•••••			ears	19	to any	
7. Birth date of deceased (mo., day, y	A 2 -7	16, 1945	and that I last saw h fishe	alive on	ugust 9	13 <i>Y</i> /
8. AGE: Years		Days I t less than ooo day	Immediate came of death	1/1	0	DURATION
3	3	22 hrs.	ala Cara Cara	raus		3 tore
0	June 1 June 1					
9. Birthplace Cambridge, Dor. Co., Maryland (Town, county, and state)		Due to			***************************************	
		a state,	***************************************		••••••	**
1D. Veual occupation			Due to			
11. Industry or busines:	2 1111277	D. D		A.R.	- 1	
물 12. Name. JOS	sebu Milpi	ır Burton	Dither conditions / 2000	wal DP	mils. Many	
₹ 13. Birthplace D	laryland			regnancy within 3		
14 Maiden name Lavenia Adkinson						
14. Maiden name Lavenia Adkinson 15. Birlhplace Maryland			Major findings of operation			
1 13. Birinpiace A	T M D	mton			Date of op	***************************************
16. Informant Mr. J. W. Burton			Autopsy results		hich death should be charged	statistically
Address Cambridge, Maryland						c.attoucany.
, Buris	l.	Date thereof Aug. 11, 194	22. VIOLENCE: If death wa			
Burial Date thereof Aug. 11, 1948  (Burial, eremation, or removal. Which?) (month) (day) (year)  Cemelery or crematory Dorchester Memorial Park			Additionally culturally of itemiore		Date of	
Cemelery or cremato	Dorches	ter Memorial Park	Where did injury occur?	(City or town)	(County)	(State)
lecation Car	mbridge, l	Maryland.			here?)	
LOCATION	eCompte!	Funeral Service	Maene of Injury	0	/ Injured at work?	
			100	11/5-	120 11	
Address Cal	mbridge, 1		- Company Clip	1 / Or /	Sunces	
8-1	1 .x8	John Mace, Jn. Y	n. 323. SIGNATURE	10-		or other
19. (Date rec'd by re	19	Regis	rar Addres auche	115	Date signed	110/41

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BURGAU V. S.

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## CERTIFICATE OF DEATH

information carefully of death clearly and

WINT UNFADING INK. Supply every item of important. Physicians: please write the causes

WRITE PLAINLY, is especially

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CERTIFICA	Reg. Diat. No. 110
1. PLACE OF DEATH: County Dorchester City or town Rural-Cambridge City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Life Hospital, institution, or street address where death occurred: ROSS Neck RFD # 3  How long in hospital or institution?  3. (a) FULL NAME  Mary Elizabeth Burton	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced   White   Widowed	MEDICAL CERTIFICATION  20. DATE DF DEATH August 26, 19 48 21 9:30
S.(b) Name of husband or wife. John Robert Burton  DiedOct. 1936  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days It less than one day  8. Birthplace. RFD # \$, Cambridge, Maryland  (Town, county, and state)  10. Usual occupation. Dome stic  11. Industry or business  13 Home	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  18.1.7. to 19.1.5.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
12. Name Robert J. Wright   13. Birthplace Maryland   14. Malden name Sarah Ellen "Wright   15. Birthplace Maryland   15. Birthplace Maryland   15. Birthplace Maryland   16. Birthplace Maryland   17. Birthplace Maryland   18. Birthplace Maryland   18	Dither conditions
2 15. Birthplace Maryland  16. Informant Mrs. Ellen N. Rhea  Address RFD # 3, Cambridge, Maryland	Autopsy results
Burial Date thereof Aug. 28, 1948 (Burial, cremation, or removal, Which?) Cemetery or crematory Greenlawn Cemetery Location Cambridge, Maryland	Where did injury occur?
18. Funeral director LeCompte's Funeral Service  Address Cambridge, Maryland.  19. (Date rec'd by registrar)  Registrar  Registrar	Meens of Injury  Injured at work?  D23. SIGNATURE



WITH UNFADING INK. Supply every item of information carefully. important. Physicians: please write the causes of death clearly and fegi

# PLEASE WRITE PLAINLY, is especially VS A15

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1310

(835) Reg. Dist. No. 117

## CERTIFICATE OF DEATH

1. PLACE OF DEATH: Dorchester.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
VOUNTY	si Maryland. couoty Dorchester
City or town (If outside city or town limits, write RURAL and give nearest town)	
How long In above place of death? Lifetime.	City or town
Hospital, institution, or street address where death occurred:	
At home.	Sireet No
How long in hospital or institution?	2.(a) il veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Clark a day Ca	A. O. I. A. I.
4. Sgx 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
males - 1	
Marile 101 Marile	20. DATE DF DEATH August 1811 1948 31 2 A
6, (b) Name of bushing or wife balan Campele	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.9	March 1" 148 (August 16" 18 48
7. Birth date of 1875 1 Cf 1/-	and that I last saw him alive on August 16" 19 48
deceased (mo., day, yr.) Years 18	Immediate cause of death Uranmia. OURATION
8. AGE: Years Months Days If less than one day	Interstitial Nephritis. 18 Mos.
73 7 2 1hrsmin.	
9. Birthplace Decare Bludge nd	Due to Cold, exposure, hard work/
(lown, county, and state)	910 TV-
10. Usual occupation formely	
11. Industry or business man	Due to
12. Name a la Cample  13. Birthplace	Other conditions.
13. Birthplace	(Include pregnancy within 3 months of death)
14. Malden name (Melle Standles	Major findings of operations.
15. Birthplace . My	Date of op.
1: 20 dale Caldi	
16. Informant	Autopsy results
Address Rambler age Cfal	22. VIOLENCE: II death was due to external causes, fill in the tollowing:
12 Sate Landward thereof are 20	Accident, suicide, or homicide
(Burial, cremation, of removal, Which) (mont) (day) (year)	
Cemetery or crematory 2 and Jonary	Where did injury occur?
Leasing Orane Bluckal	Injured al nome, farm, Indestry, public place (where?)
Gradupa	Means of Injury   Injured at work?
18. Funeral director.	16 2 16 1
Address Cantoly Close not	a formation of anister !
Reals 40 CO. O. H. W. P. 15	Lowerd E. Lankin, M. D. Vienneother Md.
(Date re'd by registrar)  (Date re'd by registrar)  (Date re'd by registrar)	Address

AUG 23 1948
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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08333

## CERTIFICATE OF DEATH

111

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County No County	\\ \nabla_1
City or town	State LYN County County
How tong in above place of death?	City or town (1) outside city of town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	Street No
How long in hospital or institution?	2.(a)    veteran, name war
3. (a) FUJALNAME	3. (b) Social Security Number
Homos. Fr. Beau	5(0) 5333 5433, 1333
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male whete rockered	20. DATE OF DEATH. august 30 1048 at 2:30 F
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that attended decessed from
	Samon 148 1 Might 10 48
7. Birth date of	and that that saw h. An Adive (an Andrews Andr
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   Illess than one day	Immediate cause of death DURATION
10 1 9	, , , , , , , , , , , , , , , , , , , ,
X 2 10 /  hrsm	In Curcinoma of Face 5 min
9. Birthplace	Due to.
9. Birthplace (Town, county, and state)	24 - 24 - 24 - 24 - 24 - 24 - 24 - 24 -
10. Usuat occupation Love	
11. Industry or business	Due to
H 12. Hame 13. Birthplace 11	Other conditions.
13. Birthplace	(Include pregnancy within 3 months of death)
= 14. Maiden name // State of Control of Con	
14. Maiden name	Major findings of operations.
11/18/2011 Nouthorn	Date of op.
18, Informant	Autopsy results
Address I fellety	
17 Julia Date thereby St. 196	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal Which?)  Under the control of the c	Accident, suicide, or homicide
Cemetery or cremotory.	Where did injury occur?
Colif Mall Mas BOTT	Injured at home, farm, Industry, public place (where?)
Location	Man's ol tnjury tnjured at work?
18. Funeral director.	injured or mark
Address O LAND MONDON	(Defarison M2)
The state of the s	23. SIGNATURE M, D, or other
19 Ching 31 1848 Clegabeth C Smil	the business Mid. 212114
(Dato rec'd by registrar) Registr	rar   Address Date signed D

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: přease write the causes of death clearly and

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2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

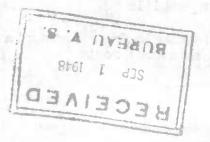
Reg. Diat. No. 116

1. PLACE OF DEAT				2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED:	
County Dorchester County  City or town Rural Cambridge.  (If outside city or town limits, write RURAL and give nearest town)		State Maryland County Wicomico				
			d give nearest town)	City or town Salisbury (If outside city or town lim	its, write RURAL and give near	est town)
Now long in above place of Hospital, institution, or str	eet address where d	eath occurred:	***************************************	Unlenous		
				Street Mo. (If rurai, give LOCATION)		
How long in hospital or in	stitution? Lyr	15days		2.(a) It veteran, name war		
3. (a) FULL NAME					3. (b) Social Security N	lumber
WILLIA	M DRYDEN				None	
	. Color or race	6.(a)Single, married,	widowed, or divorced	MEDICAL (	CERTIFICATION	
Male	White	Widowed		20. DATE OF DEATH August 27th	1948 19	414:35Pm
# (b) Name at husband or	wite	Flora N	iekelson	21. I CERTIFY that death occurred on the date a	above stated; that I attended decea	sed trom
			give ageyears	August 13th 1948 1 and that i last saw him alive on August	e August 27t	h19.48
7. Birth dato ot	Unkno		. 76.18-67			
deceased (mo., day, yr.)  8. AGE: Years	Months		than one day	Immediate cause of death		DURATION
60	11	7	hrs min.	Cerebral Hemorri		72hrs
			2	Due to Arteiosclerosis		10yrs
			nd	Due 10Antw.w.w.w.w.w.w.w.w.w.w.		a
tD. Usual occupation	Boilermak	er		Duo to Neuro Syphilis		least 5y
tt. Industry or business	None					
	Dryden			Other conditions Psychosis fr	rom progressive	***************************************
12. Name Sam D. Dryden  13. Birthplace Worchester County			cerebral aterioscle	rosis		
Maiden name	Anne Rues	rk				
t4. Maiden name	Torchester	County, N	arvland	Major findings of operations		
Do como	e of Foot	awn Chama	State Hospita			
16. Informants www.www.w	to July	e, Marylan	and an interest of the second	PHYSICIAN: Please underline the cause to	which death should be charged a	tatistically.
				22. VIOLENCE: If death was due to external	causes, fill in the following;	
(Burial, cremation, o	r removai, Which?)	Date thereot.	G. 28 /9 48. month) (day) (year)	Accident, suicide, or homicide	Dato of	
			TAL CEMETER	Where did injury occur?(City or town	(County)	(State)
			'LAND	fnjured at home, farm, industry, public place		
			ERAL SER.	Maans of injury	Injured at work?	
				Charles Park	2 + 1910	MD
Address Can	1BRIDGE	1 ()	LAND.	23. SIGNATURE DOBENT	Bestrand Ma	r other
to. (Date o'd by regis	19	John	Mace, A. M.	0. 1. 0.0	Pund Date signed &	
(Date e'd by regis	trarj	V	Registrar	Address	Date signed Q	

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REASE WRITE PLAINLY, WITH WAF is especially important.

1948-8-27



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1	PLAINLY,
9-45-15M	WRITE
/	End

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) State MB Couply Dorchester City or town Rural, Golden Hill
(If outside city or town limits, write RURAL and give nearest town) (If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH 13 August 1.45 Pm 21. I CERTIFY that death occurred on the date above stated; that I affended deceased from 4DEC. 1947, 10/2 AUG 19 and that I last saw h & Ralive on 12 AUG Immediate cause of death UNDULANT Other conditions FOSSIBLE CARCINOMA OF STO.
(Include pregnancy within 3 months of death) PHYSICIAN: Please underline the cause to which death should be charged statistically. 948 VIOLENCE: It death was due to external causes, fill in the following: Where did injury occur? .....(City or town) Injured at home, farm, Industry, public place (where?) ..... Meens of injury

1. PLACE OF DEATH: county d Dorchester City or town Rural Golden Hill
(If outside city or town limits, write RURAL and give nearest town) lifetime How long in above place of death?..... Hospital, institution, or street address where death occurred: How long in hospital or institution?. 3. (a) FULL NAME Eligabeth A. Bessie Dunnock

5. Color or race | 6.(a) Single, married, widowed, or divorced F Single 7. Birth date of Oct. 11.1876 deceased (mo., day, yr.) Months If less than one day 8. AGE: 10 9. Birthplace Golden Hill, Md. (Town, county, and atate) Domestic E 12. Name Richard I. Dunnock
13. Birthplace "Md. 14. Malden name Emma Mc Clain 16. Intermant Mrs Henry Wallace Taylors Island, Md. Dafe thereof August 16,1 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory St Mary's Star of The Sea Location Golden Hill. Md. 18. Funeral director. Le Comptes Funeral Service Address Cambridge. Md.

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BUREAU Y. S.

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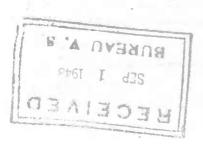
## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

## 08339

1. PLACE OF DEATH:  County Dorchester  City or town Cambridge  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  How long in above place of death?  How long in hospital or institution?  Maryland Hospital  How long in hospital or institution?  Buys  3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infanta give realdence of mother)  State Maryland county Dorchester  City or town Cambridge  (If outside city or town limits, write RURAL and give nearest town)  Street No. 415 Willis Street  (If rural, give LOCATION)  2.(a) If veleran, name war
Blanche Virginia Sewel	1 Gray
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced   Female   White   Married	MEDICAL CERTIFICATION  20. DATE OF DEATH. August 27, 18 48, 21 9:30Pa
6.(6) Name of husband or wife Oliver T. Gray  6.(c) If alive, give age 54  7. Birth date of deceased (mo., day, yr.) Oct. 14, 1896  8. AGE: Years Months Days If less than one day  51 10 13 brs	Immediate cause of death The Marianal Brough DURATION  Medianastria They Cardial Tailing 12 hours.
8. Birthplace Crapo, Dorchester Co., Md.  10. Usual occupation Domestic  11. Industry or business Home  12. Name Clarence D. Sewell  13. Birthplace Maryland	Due to Mink Disease Busis Posser Busis Busin Busis Busin Busis Busi Busi
14. Malden name. Ada Wingate 15. Sirthplace Maryland	(Include pregnancy within 8 months of death)  Major fiediogs of operations.  Date of op.
18 Intermant Mr. Oliver T. Gray Address Cambridge, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial  (Burial, cremation, or removal, Which?)  Cemetery or crematory Greenlawn Cemetery  Location Cambridge, Maryland.  18. Funeral director LeCompte's Funeral Servic  Address Cambridge, Maryland.	Where did Injury occur?
and 31 x8 July Mace, 9	23. SIGNATURE CONTROL TO THE TOTAL TO THE CONTROL T



# VS AIG, 9.45.15M PLEASE WRITE PLAIN

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

946

08337

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

Dorchester			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
Cambridge			State Virginia	County Virginia		
City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)						
How long in above pla	ce of death? On	e Wee.	K	City or town Virginia Be	nits, write RURAL and give ne	areat town)
Hospital, institution,	or street address where	death occurre	d:	Street No.	,,"	
Ham	brooks Bl	va.			ive LOCATION)	./
	or Institution?			2.(a) If veteran, name war		
3. (a) FULL NAME					3. (b) Social Security	Number
	Rev.	John	Compton Humble			
4. Sex	5. Cotor or raco	6.(a)Sing	e, married, widowed, or divorced	MEDICAL	CERTIFICATION	
Male	White		Married	Δ11σ	not 14 49	17:301
				20. DATE OF DEATH		
6.(b) Name of husban	d or wife Eliza	beth	Walters	21. I CERTIFY that death occurred on the date		
			c) If alive, give ageyears	1	9 10	19
7. Birth date of	Ton O			and that I last saw halive on		19
deceased (mo., day	1 1117		tf iess than one day	Immediate cause of death		DURATION
8. AGE: Yea	75 Months	Days 16	The second secon		7)	
				Ungina O	ectoris	10 /20
Rai	ndolph Co	unty,	North Carolina	Bue 10		
	(Town	county, and	atate)			***************************************
10. Usual occupation	Retired	Minis	ter			•••
11. Industry or busine	11	A		Due 10		**
	niel Humb	le			***************************************	** ************************************
	North Car			Other conditions	***************************************	•
13. Birthplace	Worth Car	OTINE		(Include pregnancy within	3 months of death)	
14. Maiden name	. Lydia H	lumble		Major findings of operations		
15 Richniges	North Car	oline				
M:	Lydia H North Car rs. Stacy	Lewi	q			
10. Informant			,.,.,	PHYSICIAN: Please underline the cause to		
Address Cal	mbridge,	Maryl	and.			otativiteany.
Buri	al	Bata thee	eoAug. 17, 1948 (month) (day) (year)	22. VIOLENCE: If death was due to external		
(Burial, crematic	al on, or removal. Which	) wate ther	(month) (day) (year)	Accident, sutcide, or homicide		
Cemetery or crema	tory Lodis C	reek	Cemetery	Where did injury occur?(City or town	(County)	(State)
Location Si	ler City,	Nort	h Caroline	injured at home, farm, industry, public place		
			neral Service	Meane of Injury	injured at work?	
	mbridge,			1- K H.	4/21	. 5
Maniess Oct	ρ	. 0_	e me t m	20 SIGNATURE MSON	a fleps then	or other
19. (Date rec'd by	23,19 48		hn Mace, j. m	· Para	. /	
(Date rec'd by	legistrar)		Registrar	Address Carmelanding	Date signed,	Esag KJ4

# RECEIVED

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BUREAU V. S.

PLEASE

D	n carefully.
	information
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	item
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	Supply

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08330

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: 1 PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	State Maryland county . Dorbheotes
City or town (If outside city or town limits, write (URAL and give nearest town)	00 - 12.1
How long in above place of death?	(If outside city or town limits, write BUBAL and give nearest town)
Hospital, Institution, or street address where death occurred of the street and the street of the st	Street No. (Frural, give LOCATION)
How long in hospital or institution? 10 days	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
R. deland Insl	uy cone
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white Devarces	20. DATE DF DEATH. CLUCY V8 18 48 at 12:30 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
© (A) Malling plus and	May 19 48, 10 Change 28, 19 48
7. Birth date of deceased (mo., day, yr.)  Query 30 - 1891	and that I last saw he saw alive on
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
57 3 28min.	Right ling-mills , lower 2 day
8. 8irthplace Lakesville, Dr Cs.	Due to.
(Town, county, and state)	
10. Usual occupation D.	Due (0
11. industry or business	well and the same of the same
12. Name Carlos	Other conditions Chance Myself the Conditions Chance of the Condition Chance of the
	(Include pregnancy within 3 months of death)
14. Maiden name. Derlywdle Kobbus	Major findings of operations.
15. Birthplace p Mor Co.	Date of op.
16. Informant C. Del dangull	Antopsy results.
Address 1304 & Beliedore ave, Parlo	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial, cremation, or regroval, Which?)  (Burial, cremation, or regroval, Which?)  (month) (day) (year)	22. VIOLENCE: if death was due to external causes, fill in the following;  Accident, suicide, or homicide
200000000000000000000000000000000000000	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director Lewellh R. Owwilles	means or injury injured at work?
Address Caculudo, 809	Hugh Brown Mat
8-31 48 Jahn Mace, In. m	33. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address Cambridge Md. Bata signed 81.30/48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

		CERTIFICA	IE OF DEATH	Reg. Diat. No. 110	
1. PLACE OF DEATH: County Dorchester City or town Cambridge (If outside city or town limita, write RURAL and give nearest town) How long in above place of death? Life Hospital, institution, or street address where death occurred: 4 West End Avenue How long in hospital or institution?			2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland County Dorchester  City or town Cambridge  (If outside city or town limits, write RURAL and give nearest town)  Streel No. 4 West End Avenue  (If rural, give LOCATION)  2.(a) If veteran, name war.		
3. (a) FULL NAM		as Reginald Johnson	, Sr.	3. (b) Social Security Number	
4. Sex Male	5. Color or race White	6.(a)Single, married, widowed, or divorced Married		CERTIFICATION Sust 10, 1948 213:30A.	
	yr.) Oct. 1	Bell Adams  6.(c) If alive, give age	21. I CERTIFY that death occurred on the date 8-10 and that I last saw h if 2 alive on larged and that Cause of death.	19 48 10 8/10 19 48 19 48 OURATION	
10. Usual occupation.  11. Industry or busine:  12. Name	Ship & W	or. Co., Maryland. county, and state) harf Building !! Johnson	Oue to	YCH LT S	
15. Birthplace	Maryland s. Ruth J	ohnson	Autopay results.		
Buris (Burial, cremation Cemetery or cremat Location	ambridge, LeCompte!		Whers did injury occur?(City or tow injured at home, farm, industry, public place Msans of injury	Date ol	
	13. 46	John Mace, J. 7 Bégistrar	230 SIGNATURE autoridge	M. Dorovier Date signed 10/48	

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PLEASE WRITE PLAINLY, is especially

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BUREAU V. S.

2411 N. Charles St., Baltimore

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## CERTIFICATE OF DEATH

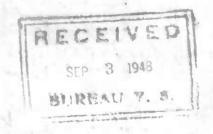
2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
state Maryland county Dorchester		
3. (b) Social Securit	y Number	
MEDICAL CERTIFICATION		
	11-55P	
21. I CERTIFY that death occurred on the date above stated: that I attended de	ceesed trom	
X X 19. , to X	X 19	
and that I last saw h	19	
Immediate cause of death	DURATION	
Injury to Brain	10 hrs	
Due to Fracture of skull	16	
B ta	***************************************	
Due to		
Pitter and illere		
Piner conditions		
Autopsy results	ed statistically.	
5		
	g. 28/48	
Injured at home farm, industry, public place (where?)Canning struck over head with infrallibrit?	nouse	
John Shiver - Def March	Cham	
Address Cambridge, Md. Bate signe	Aug. 29/4	
	State Maryland County Dorches.  City or town (if outside city or town limits, write RURAL and give in Street No. X (if rural, give LOCATION)  2.(a) It veteran name war.  3. (b) Social Securit  MEDICAL CERTIFICATION  20. DATE OF OEATH August 29 (22) 1948.  21. I CERTIFY that death occurred on the date above stated: that I attended de to the state of the s	

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

PLEASE

VS A15

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2411 N. Charles St., Baltimore

830

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## CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland  County Queen Anne's  City or fown Price, Rural (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Male White Ridowed	MEDICAL CERTIFICATION  20. DATE OF DEATH AUGUST 18t 1948 19 7:20 A m
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  July 27th 1948 19 10 August 1st 1948  and that I last saw h im alive on August 1st 1948 19
deceased (mo., day, yr.)   Unknown   VAY   0 1860	Immediate cause of death Cerebral Hemorrhage 3days
9. Birthpiace Kent County Delewage (Town, county, and state)  10. Usual occupation. Farmer	Oue to. Ateriosclerosis 15yrs Oue to. Hypertension 10 yrs
11. Industry or business None    Industry or business   Industry or	Other conditions Senile psychosis  (Include pregnancy within 3 months of death)
14. Maiden name Louisa Hudgins 15. Birthplace Delawere 16. Informant Rewords of Eastern Shore State Hosp.	Major findings of operations
Rural Cambridge, Maryland  17	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
18. Funeral director 1. 13. Rawling	Maans of injury to injured at work?  23 QIGNATURE Robert Botton & May, M.D. or other  Address Canbridge, Maryland Date signed 8-1-48

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NFALNG TNK. Supply every item of information carefull, the Physiciaes: please write the causes of death clearly and

9-45-15M

important.

PLAINLY, V is especially

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1 PLACE OF DEATH

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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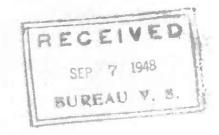
2. IISHAL RESIDENCE (HOME) OF DECEASED.

# 08342

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

County Dorchester	(For newborn infants give residence of mother)
Runol-Combaidae	State Maryland County Dorchester
City or town	reat town) Rings 7 — Cambrai drea
How long in above place of death? 33 Years	
Hospital, institution, or street address where death occurred:	Street No. RFD # 2
Home-RFD # 2	(lf rural, give LOCATION)
How long in hospital or Institution?	2.(a) if veteran, name war
3.(a) FULL NAME  Dora Augusta Wille	ey Neal 3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or e	divorced MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH. August 31, 19 48, at 12:45P
8.(b) Name of h d or wite Joseph W. Neal, Sr.  7. Birth date r deceased (r) Dec. 21, 1890.	60 years and that I last saw h & R alive on 30 A J & 19 4 8
	Immediate cause of death
8. AGE: Months Days It less than one day 8 10hrs.	,
s. Sirthplace Cambridge, Maryland (Town, county, and state)  10. Usual occup: Ion Domestic  11. industry or business Home	Due to
12. Name William Edward Willey 13. Birthplace Maryland	
	(Include pregnancy within 3 months of death)
14. Malden name. Sarah E. Smith  15. Birthplace Maryland	Major findings ol operations
18 Interment Mr. Joseph W. Neal	
	DIVERGIAN DI
Address RFD # 2, Cambridge, Maryla  Burial  (Burial, cremation, or removal, Which?)  Burial  (month) (da	ee THOLENOE Mid-th was due to entered source fill to the following:
Cemetery or crematory Dorchester Memorial	Park Where did injury occur?
Location Cambridge, Maryland.	
18. Funeral director LeCompte's Funeral Ser	CVICE Means of Injury Injured at work?
Address Cambridge, Maryland.	23. SIGNATURE Valle ( fearly 21/1)
19	Registrar Address Address M.D. Date signed Sept 48.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

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MARGIN

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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08343

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

Dorchester			•	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Clty or town Cambridge			State Maryland County Dorchest	er	
How long in above place Hospital, institution, or	outside city or town lire of death?r street address where death La	all (	of life	City or town. Cambridge. (If outside eity or town limits, write RURAL and give near  Street No. 46 Park Lane (If rural, give LOCATION)	
***************************************	r tostitution?			(If Furnit, give LOCATION)	******
3. (a) FULL NAM				3. (b) Social Security	Number
		Purr	nell Ross		
4. Se1	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION	D
male	colored	3	ingle	20. DATE OF DEATH August 28 1448	at 10-30 m
				21. I CERTIFY that death occurred on the date above efated: that I attended decea	
7. Birth date of deceased (mo., day, yr.) Feb. 19, 1914			and that I last saw h X alive on X X		
8. AGE: Yeard		Days 9	It less than one day hrsmin.	Disease of Coronary Arteries	died sudden
9. Birthplace	Lat	county, and	Maryland	Due to Alcoholism Due to Heat	
			yland	Other conditions Bronchial Asthma	several
	Floren	ce T	ravers ryland	(Include prognancy within 3 months of death)  Major findings of operations	
16. Informant F	lorence	Ross		Actopsy results.	
17(Burini, cremation Cemetery or cremat	Cambrid	Date ther	(month) (day) (year)  Cuttery  [aryland]	PHYSICIAN: Please underline the cause to which death should be charged  22. VIOLENCE: If death was due to exfernal causes, fill in the following:  Accident, suicide, or homicide	(State)
Address	Lewis H	ge, 1	neum Maryland Longe, p. m. 2	Ja H. Shriver Ad med	



# WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and leg

MARGIN RESERVED FOR BINDING

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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1	C	63	45	Same.	
		-	to da	100	

### CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Derchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Cambridge  (If outside city or town limits, write RURAL and give nearest town	State Maryland county Dorchester
How long in above place of death? Twenty years Hospital, institution, or street address where death occurred:  Cambridge, Md. Hospital  How long in hospitat or institution? Few Hours	City or town Cambridge  (If outside city or town limits, write RURAL and give nearest town)  Street No. Cor. Washington & High Sts.  (If rural, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
BROOKSIE ROSS	217-10-8120
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Negro Single	20. DATE OF DEATH Stange wast 3 1945 21 5-40 M
6.(b) Name of husband or wife  6.(c) If allve, give age  7. Birth date of deceased (mo., day, yr.)  April 14, 1918	21. I CERTIFY that death occurred the date above stated; that I attended deceased from  19
8. AGE: Years   Months   Days   If less than one day	Immediats cause of death
30 3 19hrs.	min. I vat Wound in thest 2/2 hr
9. Birthplace Crape, Dor. Co. Maryland (Town, county, and state) 10. Usual occupation. General Laborer 11. industry or business Factory 12. Name Philmore Ross 13. Birthplace Hoopersvill, Dor. Co Md.	Due to
# Aria Clasum	(Include pregnancy within 3 months of death)
14. Maiden name Aria Diate.  15. 8irthplace Crapo, Dor. Co. Md.	Major fiadiogs of operations.
18. Informant A.A.A.G. H.G.W. M.I.G.A. A.J.	Autopsy results
Address Cambridge, Maryland  Burial Date thereof Aug. 5, 19  (Burial, cremation, or removal, Which?) Cemetery or crematory Waugh Cemetery  Location Cambridge, Maryland  Herbert M. St. Clair, Jr.	Where did injury occur?
Address Cambridge, Maryland  19. Aug. 4, 19 48 John Mace Jr.	m. S. Standfuke I. Shriver, Defa. Mach Essan M. D. or other gistrar Address Cambridge Mag Date signed Long & Lyng



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# A15 NS

### MARYLAND STATE DEPARTMENT OF HEALTH

			2411 N. Charl	EPARTMENT OF HEALTH  S St., Baltimore  TE OF DEATH	Reg. Diat. No	1834.,
How long in above place of death Hospital, institution, or street a Eastern Shore How long in hospital or instituti	ity or town lim   3 mont  ddress where de  State I	its, write R ths, l ths, l thspit	URAL and give nearest town) 3. day.s	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m State Maryland Coue City or town Salisbury (If outside city or town limits, Street No. 415 Davis Street (If rural, give I	write RURAL and give nes	rest town)
3. (a) FULL NAME					3. (b) Social Security	Number
4, 604	sley Sharorrace	6.(a)Single	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	at 12:04p
7. Birth date of deceased (mo., day, yr.)			e) If alive, give ageyears	21. I CERTIFY that death occurred on the date abov May 18	e stated; fhat I attended deces 48 for Aug. 31	ased from 1948 1848
8. AGE: Years No. 18 No	6 State	28	hrsmln.	Senility  Due to arteriosclerosis with cerebral arterioscleros	ith progressiv	e
13. Birthplace New	York	¥	wiedict	Diher conditions Psychosis with deterioration.  (Include pregnancy within 3 m	11/1/48 n mental	ams
14. Maiden nameMal 15. Birthplace New 1 16. Informant Eastern	Snore		Hospital Records.	Autopsy results PHYSICIAN: Please underline the cause to whi	Dalo of op.	statistically.
Burial (Burial, eremation, or rem	oval, Which?)	Dafe fher	eof	22. VtOLENCE: If death was due to external caus Accident, suicide, or homicide	(County)	(State)
	Hill &		son Co.	23. SIGNATURE B. May, M. Address E. S. S. H. Cambridge,	transf May	900- or other 8/31/48

For authorization to delete line from cause of death see letter from Dr. May, Supt. of the ESSHosp. on file in Bureau of C.D. - 11/1/48 ams



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

61

08345

### CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: Dorchester				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County				state Maryland county Dorchester		
City or town Rural Cambridge (If outside city or town limits, write RURAL and give nearest town)			RURAL and give nearest town)	Cambridge		
How long in above pia	ce of death?	onth	8 days	City or town. Cambridge (If outside city or town limits, write RURAL and give near	rest town)	
Hospital, Institution,	or street address where	death occurre	d:	Street No. 15 Central Avenue		
			ital	(If rural, give LOCATION)		
		month	8 days	2.(a) if veteran, name war		
3. (a) FULL NAI	ME			3. (b) Social Security	Number	
	LAURA T					
4. Sex	5. Color or race	6.(a) Sing	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female	White	Ma	rried	20. DATE OF DEATH. August 17th 19.48	.at 3.:30 2a	
a (h) H of husban	Howar	d Thom	as	21. I CERTIFY that death occurred on the date above stated; that I attended dece	ased from	
6.(0) Name of nusual	le of wife	M	69	July 10th 19 48 10 August	719.48	
7. Right date of		6.(	c) If alive, give age69 year	and that t last saw h er alive on August 17th	19.48	
deceased (mo., da)	yr.) May 16	, 1876		Immediate cause of death	DURATION	
8. AGE: Yes	Months	Days	tt less than one day	Cerebral i Hemorrhage		
72	3	1	hrsmin			
		702020		Due to Arteriosclerosis with	20 yrs	
9. Birthplace	(Town	county, and	atate)	Hypertension		
10 Heuri occupation	Housew	ife		Diabetes	20 yrs	
	37 -				1	
11. Industry or busin	-			0-1314 3 3 3 1 1 1 1 1		
				Other conditions Senility and debility		
	Seaford,	Delawa	re	(Include pregnancy within 8 months of death)		
14. Maiden nam	. Mary Hol	t				
LO				Major Hadings of operations		
	Seaford,					
16. Intermant R	ecords East	ern Sh	ore State Hospita	Autopsy results	-tatistics N-	
Address	Rural Cambr	idge,	Maryland		stationically.	
- Pa.	nini		9 19- 1941	22. VtOLENCE: It death was due fo external causes, fill in the following;		
(Burial, cremati	on, or removal. Which	Date the	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or -erem	(14	Mil	dans	Where did injury occur?	(State)	
d	0	1	0	tnjured at home, farm, industry, public place (where?)		
Location	anden	degle	OYYCX		***********************	
18. Funeral director	Beun	Has	R. Thomas	Meens of Injury tnjured at work?		
Address Co	melica	Lee	mo .	as SIGNATURE Batel Betrand Mac	mo.	
1	19. VR	Lin	An Mace, Jam	M. D.,	orother	
19. (Date rec/a by	19, 19 KO	/ /	Registra	Address Cantulas Md Date signed.	8-17-48	



AUG 20 1948

BUREAU V. S.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

				Keg. Dist. No
1. PLACE OF	DEATH: Deren	ester'	loe	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? Life  Hospitel, institution, or street eddress where death occurred:			URAL and give nearest town)	State Maryland County Dorchester  City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)
220 Pi	ne Street	death occurred		Street No. 220 Pine Street (If rural, give LOCATION)
How long in hospite	el or institution?		······································	2.(a) It veteran, name war.
3. (a) FULL NA	AME			3. (b) Social Security Number
		JOHN	O 2 10 12 2 2 2 1 1 1 1 2 2	TERS 3. (0) Social Security Number
4. Sex	5. Color or rece	6.(a)Single	, merried, widowed, or divorced	MEDICAL CERTIFICATION
Male	Negro	S:	ingle	20. DATE OF DEATH. 8 - 22 19 48 et 3 2
6 /13 N 15 15	and or wife			21. I CERTIEY that death occurred on the date above stated: that I atlanded deceased from
6.(0) Name of nuspi				Nuc. 14 19 48 10 Hole. 22 10 4
7. Birth date of			) it elive, give ege	end thet I lest saw h. ICM alive on Aug. 22 19 88
8. AGE: Y	ay, yr.) ADI ears   Months	il 2,	1901 It less then one day	Immediate cause of death DURATION
4.		20	hrs.	Dylmonphy Absocss 2048
				Mon tub sheerous)
9. Birthplace	ambridge,	eounty, and a	CO MO .	Due to
10. Usual occupetion	unemple	yed	***************************************	
11. Industry or busi				Due to
当 12. Name W.	ilbur Wate	rs		Dither conditions left oney moneetomy
13. Birthplace	Upper Hill	, Som	, Co. Md	
E 14. Maiden ner	Grace Cambridge, rs. Sarah	mper		(Include pregnancy within 3 months of death)
E 15 Birthalasa	Cambridge	Der-	Co. Ma	Major findings of operations.
M.	rs. Sarah	Jenki	ne	
				Antopsy results
	mbridge, I			22. VIOLENCE: it deeth was due to externel ceuses, till in the following;
(Burial, cremat	l tion, or removal. Which?)	Dete there	(month) (day) (year)	Accident, suicide, or homicide
	netory Waugh C			Where did injury occur? (City or town) (County) (State)
Location Cal	mbridge, I	er. C	o. Md.	
			Clair, Jr.	Meens of Injury Injured 21 work
	ambridge,			Office Tours
			~ mace, fr. n	23. SIGNATURE
10	10	/ 1	/ /	The state of the s

Registrar

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PLEASE WRITE PLAI

(Date rec'd by registrar)



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

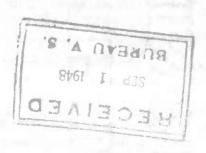
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U	0	()	4	(3)	
		-	-		

# CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:  County  City or town. (If outside city or town limits, write RURAL and give-meanul town)  How long in above place of dealh?.  How long in hospital or institution?.	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m State Country City or town (1f outside city or town fimits. Street No. (1f rural, give L 2.(a) If veteran, name war.	write RUPAL and give near	est town)
3. (a) FULL NAME		3. (b) Social Security N	umber
Jenne K. Welst	_	wan	4
7- Sex Tourse White Married, widowed, or divorced Tourse White Married  6.(a) Single, married, widowed, or divorced Married  6.(b) Name of husband or wife. Charles B. Welch	20. DATE OF DEATH	etated; that I attended decea	ed from
7. Birth date of June 28-1881	and that f last saw h er alive on Augu		19
8. AGE: Years Months Days If less than one day  When the second of the s	Immediate cause of death Myocardial Failure		duration l day.
9. 8irthplace	Due to Cerebral Hemorrh	iage	2 yrs.
1D. Usual occupation	Due to Suppurative Pylo	nephritis	Unknown
11. Industry or Justiness  12. Name  13. Birtholace  13. Birtholace	Other conditions		•••••••
14. Malden name Harrich lost warm we 15. Birthplace Dew Jersey	(Include pregnancy within 3 mo		
16. Informant Charles B. Welch Address 300 Locust St. Cambridge MA	Autupsy results		
17. Burial, cremation, or remodal. Which?)  Dale thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	Date of	
Cemetery or crematory. A vectoral / femous Tork	Where did Injury occur?(City or town)	(County)	(State)
Location Caulingo Md	Injured at home, farm, Industry, public place (whe		
18. Funeral director. Therealth A. House	Mesns of Injury	. Injured at work?	
Address Saulruge, md.	Signature Lawrence Mary		
18. 8-30 19 yt John Mace J. M.	136 Race St. Cam		



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

		CERTIFICAT	TE OF DEATH Reg. Dist. No	116		
1. PLACE OF DE	Dorch	ester	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland County Derchester			
How long in above place	outside city or town line of death?	mits, write RURAL and give nearest town)	City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)  Street No. 115 Pine Street (If rural, give LOCATION)			
	r Institution?		2.(a) If veteran, name war	***************************************		
3. (a) FULL NAM	FRANC	IS CALVIN WILSON	3. (b) Social Securi 220-01-7			
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male	Negro	Married	2D. DATE OF DEATH August 11 19 4	8 1 4 a		
7. Birth date of	•••••	ll Flliott Wilson  5.(c) If alive, give age 26 years	21. I CERTIFY that death occurred on the date above stated; that I attended do Oct. 2 19. 47, to Aug 6 and that I last saw h. Im alive on August 6	19 48		
deceased (mo., day, )  8. AGE: Years  29	s   Months	t 11, 1919  Days   If less than one day  hrsmin.	Immediate caose of death Epilepsy (idiopathic)			
	General L	Der. Co, Maryland county, and state) aborer	Due to			
至 12. Name 下	rancis C.	Meekins Sr., Dor. Co. Maryland	Diher conditions			
置 14. Maiden name.	Louise W	ilson Der. Co. Maryland	(Include pregnancy within 3 months of death)  Major findings of operations			
		on	Actopsy results			
17Buria	ol, or removal. Which?)	Date thereof Aug. 15, 1948 (month) (day) (year)  Cemetery	22. VIOLENCE: It death was due to external causes, till in the tollowing;  Accident, suicide, or homicide			
		or. Co. Maryland	Injured at home, farm, Industry, public place (where?)			
18. Funeral director	Cambridg	M. St. Clair, Jr. e, Maryland	Means of Injury Injured at work?  23. SIGNATURE Lawrence Taxana	TD-		
19. Queg.	12, 19 K8	John Mace. Ja. M	" //d / a/ -0/ m.1	0. or other d 8-11-48		

NTH UNFADING INK. Supply every item of information carefully mportant. Physicians: please write the causes of death clearly and

PLAINLY is especial

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BUREAU V. S.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N.	Charles St	., Daiti	more	740
<b>CERTIFI</b>	CATE	OF	<b>DEATH</b>	

			٦	1	G
ø.	Dist.	No.	بال	4	C

1. PLACE OF DE	ATH. ester		2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Manual and Donobog ton		
How long in above place	e of death? 22 r street address where do dge Maryl	ts, write RURAL and give nearest town) Yeard  alth occurred: and Hospital  ours	State Maryland County Dorchester  City or town Cambridge  (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) Il veteran, name war.		
3. (a) FULL NAM		ie Ellingsworth Wri	ght	3. (b) Social Security	y Number
4. Sex Female	5. Color or race White	6.(d)Single, married, widowed, or divorced Widowed	MEDICAL CI	ERTIFICATION 21, 19 48	3., at7:50B
Samuel W 7. Birth date of deceased (mo., day, Search Searc	• Wright yr.) March 39		21. I CERTIFY that death occurred on the date about the state of death	ove etated: That beforeded decorated in the second of the	2/ 19 8
10. Usual occupation.	llsboro, I	Delaware unty, and state) vive	Due to		
		ngsworth	Other conditions Colitions,		2 45.
14. Maiden name.	Sadie Hu Delaware	dson	(Include pregnancy within 3 r		
16, informant	• Dack LO	ng ., Maltimore. Md.	Autopsy results	hich death should be charge	d statistically.
Buria (Burial, cremation	l n, or removal. Which?) ory Dorches	Dato thereof Aug. 24, 1948 (month) (day) (year) ter Memorial Park	22. VIOLENCE: If death was due to external cau Accident, euicide, or homicide	Dato of	(State)
18. Funeral director		aryland. 's Funeral Service	Injured at home, farm, Industry, public place (m		MS
	2 × 19 × 8		33. SIGNATURE	M. D.	or other 8-23-48

